

PART B - FEE(S) TRANSMITTAL

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23908

7590

03/30/2009

RENNER OTTO BOISSELLE & SKLAR, LLP
 1621 EUCLID AVENUE
 NINETEENTH FLOOR
 CLEVELAND, OH 44115

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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/565,687

09/18/2006

Alan Britten

IPLTP0103US

2895

TITLE OF INVENTION: IMAGING SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

NO

\$1510

\$300

\$0

\$1810

06/30/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
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VU, MINDY D

2884

250-393000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Renner, Otto, Boisselle,
 & Sklar, LLP

1

2

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(1) St. George's Healthcare NHS Trust

(2) Southern Scientific Limited

(3) Care Wise Medical Products Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

London, United Kingdom

West Sussex, United Kingdom

Morgan Hill, California

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee

☒ Publication Fee (No small entity discount permitted)

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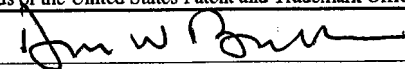
5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature



Date June 30, 2009

Typed or printed name

Don W. Bulson

Registration No. 28,192

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